

Registration District No. 116

Primary Registration District No. 3120

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Union 36
(If outside city or town limits, write "RURAL")
(d) Street No. 312 Grandview 50
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dennis Herbert Farrow

3. (b) If veteran, name war. X 3. (c) Social Security No. X

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 24th 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 hr. _____ min. If less than one day

9. Birthplace Union mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Rose H. Farrow

13. Birthplace Sullivan mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Norma Jean Farrow

15. Birthplace St Albans mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Norma Jean Farrow

(b) Address Union mo

17. (a) Burial (b) Date thereof 5/26/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prospect

18. (a) Signature of funeral director: E. F. Ottman

(b) Address Union mo

19. (a) May 24, 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th
year 1948 hour 4 minute 15 a.m.

21. I hereby certify that I attended the deceased from 5-24 to 5-26, 1948
that I last saw him alive on 5-25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Apnea

Due to Prenatal

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Union Mo Date signed 5-26-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Date Filed JUN 1 1948
District File Number

District Health Officer No. 9;
RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Not Embalmed, Registered Apprentice No. _____,
working under my personal supervision.

Signed E. F. Ottum

Licensed Embalmer No. 1686

P. O. Address Union Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.